

Application Data Sheet

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Title:: METHODS FOR CREATING A COMPOUND
LIBRARY
Attorney Docket Number:: 6283NCP2
Total Drawing Sheets:: 17
Small Entity?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Brian
Middle Name:: J.
Family Name:: Stockman
Name Suffix::
City of Residence:: Kalamazoo
State or Province of Residence:: Michigan
Country of Residence:: USA
Street of Mailing Address:: 2140 Waite Avenue
City of Mailing Address:: Kalamazoo
State or Province of Mailing Address:: Michigan
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 49008

FOR FILE # 6283NCP2

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Kathleen
Middle Name:: A.
Family Name:: Farley
Name Suffix::
City of Residence:: Otsego
State or Province of Residence:: Michigan
Country of Residence:: USA
Street of Mailing Address:: 1715 114th Avenue
City of Mailing Address:: Otsego
State or Province of Mailing Address:: Michigan
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 49078

Correspondence Information

Correspondence Customer Number:: 26813

Name Line One:: Mueting, Raasch & Gebhart, P.A.
Street of Mailing Address:: 203 Textile Building
119 North Fourth Street
City of Mailing Address:: Minneapolis
State or Province of Mailing Address:: Minnesota
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 55401

Phone Number:: (612) 305-1220
Fax Number:: (612) 305-1228

Representative Information

Representative Customer Number::	26813	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	09/677,107	09/29/00
	Non Provisional of	60/192,685	03/28/00
	Provisional of	60/161,682	10/26/99
	Provisional of	60/156,818	09/29/99

Assignee Information

Assignee Name:: Pharmacia & Upjohn
Street of Mailing Address:: 301 Henrietta Street
City of Mailing Address:: Kalamazoo
State or Province of Mailing Address:: Michigan
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 49001

TOP SECRET